

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|----------------------|
| Application Number | 09/318'015 |
| Filing Date | 05/25/1999 |
| First Named Inventor | Srinivas Bala et al. |
| Group Art Unit | 2742 |
| Examiner Name | |
| Attorney Docket Number | 113643 |

Total Number of Pages in this Submission

Enclosures (check all that apply)

- ☐ Fee Transmittal Form
☐ Fee Attached
☐ Amendment / Response
☐ After Final
☐ Affidavits / Declaration(s)
☐ Petition for Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53
☐ Response to Missing Parts/Incomplete Application

- ☐ Assignment & Recordation Cover Sheet
☐ Drawing(s) & Letter to Official Draftsman
☐ Licensing-related Papers
☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition
☐ Petition to Convert a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund

- ☐ After Allowance Communication to Group
☐ Appeal Communications to Board of Appeals and Interferences
☐ Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Return Receipt Postcard
☒ Additional enclosure(s) (please identify below)

Declaration and Power of Attorney

Remarks

CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

| | | | | | |
|---------|--------------------------|-------|------------|----------|--------------|
| NAME | Samuel H. Dworetzky | | | | |
| ADDRESS | AT&T CORP. P.O. Box 4110 | | | | |
| CITY | Middletown | STATE | New Jersey | ZIP CODE | 07748-4110 |
| COUNTRY | United States of America | | | FAX | 732-368-6932 |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-----------|------------------------|--------|---------|
| NAME | Michele L. Conover | Reg. # | 34962 |
| TELEPHONE | 908-221-5773 | | |
| SIGNATURE | <i>Michele Conover</i> | DATE | 12/2/99 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

| | |
|----------------------|-------------------------|
| Type or Printed Name | Felicia Adadevoh |
| Signature | <i>Felicia Adadevoh</i> |
| Date | 12/2/99 |

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231